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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G63263** **(9)**

1. Corporation Name
BATES INSURNACE AGENCY, INC.

Principal Place of Business	Mailing Address
1501 RIDGEWOOD AVENUE STE. #102 HOLLY HILL FL 32117-2200	1501 RIDGEWOOD AVENUE STE. #102 HOLLY HILL FL 32117-2200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1983**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | County — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: | County — 30:

4. FEI Number: **59-2326980** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BATES, C. KENNETH
1501 RIDEWOOD AVENUE
HOLLY HILL FL 32117-2200

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1501 Ridgewood Ave., Suite #102

83

84 City: **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	V/D	XX Change ☐ Addition
NAME	BATES, C. KENNETH	12 NAME		
STREET ADDRESS	1501 RIDGEWOOD AVE., STE. #102	13 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117-2200	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE	P/T/S/D	XX Change ☐ Addition
NAME	BATES, ROBERT K.	22 NAME		
STREET ADDRESS	1501 RIDGEWOOD AVE., STE. #102	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117-2200	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	BATES, DEBORAH L.	32 NAME		
STREET ADDRESS	1501 RIDGEWOOD AVE., STE. #102	33 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117-2200	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BATES, JUNE C.	42 NAME		
STREET ADDRESS	1501 RIDGEWOOD AVE., STE. #102	43 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117-2200	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: C. Kenneth Bates Vice President — 4/12/95 — (904) 672-5299
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

C. Kenneth Bates, Vice President

0000640 CP